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FROM: JoRae M. Anderson	TELEPHONE: 612-766-6815
DATE: April 20, 2005	TIME: _____.m. (Minneapolis)
NUMBER OF PAGES (including this page): 3	F&B FILE: 303686 REC:
TO: Charles US Patent & Trademark Office	TELEPHONE: 571-272-3477 FAX: 703-872-9306

MESSAGE

Charles,

I have attached the following Power of Attorney as you instructed during our telephone conversation.

This is not a new POA, it is a POA that was not recorded properly. The original was sent 02/26/04. Please record this attachment by the Customer Number 42074 as listed at the top of the Declaration.

If you have any questions regarding this matter, please do not hesitate to call. I will contact you next week to follow up on this upload.

Thank you,

JoRae
Legal Administrative Assistant

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JORAE ANDERSON AT 612-766-6815.

THIS TELECOPY IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	303686	
		First Named Inventor	Peter Osypka	
		COMPLETE IF KNOWN		
		Application Number	10/821,421	
		Filing Date	April 9, 2004	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit	Not yet known
		Examiner Name	Not yet known	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CARDIAC ELECTRODE ANCHORING SYSTEM

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **04/09/2004** as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
103 16 177.5-64	Germany	04/10/2003		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POWER OF ATTORNEY

I hereby appoint the Faegre & Benson LLP attorneys and agents associated with **Customer Number 42074** to prosecute the patent application identified above and to transact all business in the Patent and Trademark Office connected therewith, including full power of association, substitution, and revocation.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 42074 OR <input type="checkbox"/> Correspondence address below			
Jason R. Kraus, Faegre & Benson LLP Name			
2200 Wells Fargo Center, 90 South Seventh Street Address			
Minneapolis City	MN State	55402-3901 ZIP	
United States Country	612.766.7436 Telephone	612.766.1600 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Peter (first and middle [if any])		Family Name Osypka or Surname	
Inventor's Signature <i>P. Osypka</i>		Date 05.05.04	
Rheinfelden-Herten Residence: City	N/A State	Germany Country	Germany Citizenship
Earl H. Wood Strasse 1 Mailing Address			
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